APPENDIX C

PHSKC Pandemic Response Checklist

Public Health Responsibilities During a Pandemic All Phases

- 1. Lead a countywide health education campaign for pandemic response.
- 2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the Regional Disaster Plan.
- 3. Serve as the lead agency in King County for risk communications messaging and public education. All jurisdictions will coordinate with PHSKC to ensure consistency of communications and messaging regarding pandemic influenza.
- 4. Provide effective communications to the public, the media, elected officials, health care providers, business and community leaders throughout public health emergencies.
- 5. Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, facilitate influenza surveillance in animals in King County and monitor surveillance data.
- 6. Provide guidance to health care system partners on clinical management and infection control.
- 7. Coordinate planning for and implementation of disease containment strategies and authorities.
- 8. Communicate and coordinate with health system partners through the Health Care Coalition to coordinate and manage health care system resources and information.
- 9. Develop and implement protocols for prioritizing the use of limited supplies of influenza vaccine and antiviral medicines.
- 10. Initiate and direct mass vaccination efforts.
- 11. Lead efforts to strengthen support, outreach and training for vulnerable populations in King County.

Division / Section	Specific Responsibilities of PHSKC Divisions and Sections	
Director and Local Health Officer	Communicate and coordinate directly with the King County Executive, Mayor of Seattle, Local Board of Health, all City Mayors and the Health Care Coalition.	
	Coordinate directly with Health Care Coalition partners and make decisions regarding strategies for reallocating resources and restructuring countywide health system operations in response to a pandemic.	
	Authorize and communicate public health directives regarding social distancing strategies and other protective action elected leaders, the business community, schools, the health care coalition and other partners.	
	Assign responsibilities to PHSKC Divisions for planning and responding to the pandemic.	
	Ensure business continuity of critical PHSKC functions during all phases of the pandemic.	
	Direct PHSKC's medical response during a pandemic.	
	Direct isolation and quarantine of individuals and groups, as needed, based on recommendations from the Communicable Disease Control physician.	
	Assess the need to reprioritize Department functions and direct the mobilization of staff to meet emerging needs of the pandemic.	
Community Health Services Division	Participate in planning activities focused on development of influenza diagnosis and treatment clinics.	
Cervices Division	Lead and coordinate all mass vaccination response activities.	
	Coordinate efforts with community partners to manage a client care call center (Isolation and Quarantine Response Center).	
	Develop infection control plans, with technical assistance from the Communicable Disease Control, Epidemiology and Immunization Section, for PHSKC clinic sites to protect staff and clients.	
	Through the Health Care for the Homeless Section, coordinate countywide pandemic planning, education and outreach efforts with homeless service agencies.	

Communicable Disease Control,	Carry out countywide surveillance, epidemiological investigation and disease control activities.	
Epidemiology and Immunization Section	Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, diagnosis, management, and infection control to health care providers and facilities.	
	Make clinical decisions regarding individual and group isolation and quarantine.	
	Work with the PHSKC PIO to develop and disseminate risk communications messages to the public.	
	Provide recommendations to the Local Health Officer regarding measures to sustain the functionality of the local health care system.	
	Advise the Local Health Officer regarding the medical need for and benefit of social distancing measures.	
	Coordinate receipt of vaccines for mass immunization and, in conjunction with the Chief of Pharmacy, develop strategies for storage and allocation of vaccines among health system partners.	
	Develop protocols for prioritizing supplies of antiviral medicines and vaccines in King County.	
Public Information Officer (PIO)	Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak and local response actions.	
	Educate the public on how they can protect themselves from becoming infected and infecting others.	
	Activate and direct the management of public information call centers focused on providing health information to the public.	
Community Based Public Health	Coordinate countywide pandemic planning, education and outreach efforts with:	
Practice	o School systems	
	Business communityCommunity based organizations	
	Coordinate with economic development agencies and chambers of commerce regarding the economic consequences of a pandemic.	

Preparedness Section	Coordinate pandemic planning and preparedness efforts for PHSKC in conjunction with local, state and federal response partners.	
	Conduct training, drills and evaluated exercises to enhance PHSKC's readiness to respond to a pandemic.	
	Coordinate planning and response activities with hospitals and community health clinics.	
	Coordinate activation and management of the PHSKC Emergency Operations Center.	
	Advise the Local Health Officer regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.	
	Coordinate department-wide business continuity efforts specific to the potential impacts of a pandemic.	
Medical Examiner's Office	Lead mass fatality planning and response efforts.	
	Coordinate with and support hospitals regarding mass fatalities planning and response.	
	Incorporate funeral home directors into planning efforts for pandemic response.	
	In conjunction with community partners, coordinate planning and development of victim assistance centers.	
	Activate mass fatalities plans when necessary.	
Environmental Health Services Division	Assist in surveillance for animal influenza viruses through liaison with the State Departments of Agriculture and Fish & Wildlife.	
	Work with the PHSKC PIO to develop and disseminate risk communications messages to the public concerning zoonotic	
	influenza virus transmission, food safety, and animal waste disposal issues.	
Emergency Medical Services Division	Facilitate pandemic planning and response activities with countywide EMS providers, 911 dispatch centers and Hospital Control (Harborview Hospital).	
	Develop protocols for maintaining critical EMS response capability during a pandemic generating high call volumes and reducing available EMS resources.	

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All Divisions and Sections	Identify mission critical functions that must be maintained during all hazards including a pandemic.	
	Identify staff who can be cross trained to perform emergency response functions.	
	Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.	
	Be prepared to mobilize all necessary staff to support the PHSKC pandemic influenza response, as directed by the PHSKC Incident Commander.	

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Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
World Health Organization (WHO) Phase Definitions	 Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low. Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease. Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. 	Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans. Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.
Public Health Goals	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data. Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures. Implement response measures including social distancing to minimize pandemic impacts
Direction and Control	PHSKC will lead health system preparedness efforts and countywide education efforts for pandemic response. PHSKC will communicate with health system partners through the Health Care Coalition to coordinate management of health care system resources and information. PHSKC will assess the viability of social distancing measures and establish criteria for their use.	Assess whether to activate the Pandemic Influenza Response Plan and ESF 8 to coordinate the health care system response. Provide regular briefings to the King County Executive, the Mayor of Seattle, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers.

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
Communications	Assess the information needs of health care providers. Assess the information needs of the general public. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity. Intensify public education efforts about influenza pandemics, animal influenza and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts. Coordinate with CDC, the Washington DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials. The Communicable Disease, Preparedness and Community Based Public Health Practice Sections will educate providers, public officials, businesses and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks. The PHSKC Medical Director will convene appropriate internal sections and Divisions to develop a communications strategy for vulnerable populations including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless citizens.	PHSKC Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners. A JIC will be activated when the PHSKC PIO deems it necessary based on specific characteristics of the pandemic. The PHSKC PIO will evaluate the need to establish a public information call center to respond to public inquiries. The PHSKC PIO will work with the Health Care Coalition and the Communicable Disease Section to develop public information messages related to health care delivery and other resources (triage centers, call centers, etc). The Communicable Disease Section will initiate regular communication briefings with hospital emergency rooms, infection control practitioners, infectious disease specialists, and community providers as necessary and in collaboration with the Health Care Coalition. The Section will also regularly communicate with experts at the CDC and the Washington DOH. The Preparedness and Community Based Public Health Practice Sections will conduct regular briefings with key response partners, utilizing the emergency zone structure, to inform EOC staff, business leaders, community based organizations, first response agencies and critical infrastructure agencies on the status of the pandemic and local response actions. As the pandemic expands, the PHSKC PIO will provide daily updates on the pandemic and will organize regular media briefings. The PHSKC PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
Surveillance	Communicable Disease Section will conduct daily influenza tracking activities [reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers]. The Communicable Disease Section and Public Health Veterinarian will coordinate surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions. Syndromic surveillance data will be collected and assessed [chief complaint and hospital admission and discharge data, when available, from King County hospitals, Emergency Medical Service dispatch data, and daily death reports from the Medical Examiner's Office]. PHSKC will work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza. PHSKC will develop partnerships with key employers to track absenteeism in the event of a flu pandemic [City and county government, large employers]. The PHSKC Laboratory will support the Washington DOH Laboratory in conducting influenza testing, as requested. The PHSKC Laboratory will not perform viral culture.	PHSKC may require health care providers and institutions to report influenza and to send specimens from these cases to the State DOH Laboratory or the PHSKC Laboratory for testing, as requested. PHSKC will inform community health care providers regarding recommendations for influenza laboratory testing based on consultation with Washington DOH and CDC. The Communicable Disease Section will comply with CDC and Washington DOH guidelines to facilitate monitoring of the influenza pandemic strain for antiviral resistance. The Communicable Disease Section will activate tracking of absenteeism with schools and certain sentinel employers, where feasible.

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Public Education	PHSKC will lead efforts to strengthen support, outreach and training for vulnerable populations in King County.	Dissemination of printed and web-based information in multiple languages. Frequent use of radio, television and print media. Coordination with other health care providers and care-givers to ensure consistent messaging. Implementation of a public information call center.
Vaccine Management	The Communicable Disease Section, in consultation with Washington DOH and based on national guidelines, will develop recommendations for use of available vaccine based on local priority groups, and include as Appendix A to this plan. The Mass Vaccination Work Group within PHSKC will develop plans for administration of vaccine to priority groups, and eventually the entire county population, including activation of mass vaccination clinics. The Communicable Disease Section will coordinate with Washington DOH to determine how adverse reactions to the vaccine will be tracked and reported. The Preparedness Section, Communicable Disease Section and Community Based Public Health Practice Section will collaborate with key stakeholders to identify essential personnel to be included in priority groups for vaccinations. The Mass Vaccination Work Group will coordinate vaccination planning with private sector health care providers.	In consultation with Washington DOH, the Communicable Disease Section will provide updated recommendations to the Local Health Officer regarding priority groups to receive vaccination based on CDC guidelines. The Mass Vaccination Work Group will finalize mass vaccination plans with regional partners. The PHSKC Chief of Pharmacy, in collaboration with the Communicable Disease Section, will prepare to receive, store and transport vaccine as needed. PHSKC will distribute and administer vaccine as soon as possible after receipt according to local priorities and CDC guidelines, including activation of mass vaccination plans as appropriate.
Antiviral Medication Management	The Communicable Disease Section will identify priority groups and estimate the number of people in each priority group, based on CDC guidelines, to receive limited supplies of antiviral medications during a pandemic and include as Appendix B to this plan.	PHSKC will ensure that staff and resources are in place to distribute antiviral medications, as supplies allow. PHSKC will activate its plans for requesting medications from the Strategic National Stockpile (SNS).

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
	The Local Health Officer will meet with appropriate health care system partners and elected leaders to form strategies for acquiring antiviral medications. The Preparedness Section will convene a planning team incorporating the Communicable Disease Section, the Mass Vaccination Work Group, and appropriate members of the Health Care Coalition to develop an antiviral medication distribution plan. The Communicable Disease Section will develop and distribute guidelines for medical providers regarding the use of antiviral medications.	PHSKC will activate antiviral medication distribution plans.
Isolation and Quarantine	The Preparedness Section will coordinate planning efforts for isolation and quarantine with Washington DOH, neighboring local health jurisdictions, community based organizations and local law enforcement. PHSKC will follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.	The Communicable Disease Section will coordinate with health care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, alternate care facility). The Communicable Disease Section will develop protocols for quarantine of close contacts of persons infected with a potential pandemic strain. The Communicable Disease Section will provide technical assistance to health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza. The PHSKC Isolation and Quarantine Response Plan will be activated as needed to ensure availability of isolation and quarantine facilities and support systems for patients.

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 - 5 - 6
Social Distancing Strategies	The Preparedness Section and Community Based Public Health Practice Section will coordinate with the PHSKC PIO, Communicable Disease Section, and Health Care for the Homeless Section to educate elected officials, government leaders, school officials, response	The Local Health Officer will coordinate with elected officials regarding decision making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.
	partners, homeless services agencies, businesses, the media and the public regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for	Specific, county-wide strategies that may be identified by the Local Health Officer include:
	implementing these measures. Health Care for the Homeless will coordinate with the Communicable Disease Section and the PHSKC Medical	→ Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.
	Director to provide guidance and instructions regarding infection control strategies to homeless service agencies that operate congregate care facilities.	→ Recommend that the public to use public transit only for essential travel.
	The Local Health Officer will confirm the decision making process and criteria for recommending social distancing strategies with the King County Executive, the Mayor of Seattle and all other executive heads of cities and towns.	→ Advise King County residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks.
		→ Suspend public events where large numbers of people congregate including sporting events, concerts, and parades.
	The Preparedness Section will confirm coordination processes with neighboring counties, DOH and HHS regarding how social distancing measures will be	→ Close public and private schools, and large child care centers
		→ Limit social interaction at libraries, colleges and universities
enacted.	enacted.	→ Close churches, theaters, community centers, and other places where large groups gather.
		→ Suspend government functions not involved in pandemic response or maintaining critical continuity functions.
		The Local Health Officer will monitor the effectiveness of social distancing strategies in controlling the spread of disease and

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
		will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.
Health and Medical Response	PHSKC will educate health care providers about influenza pandemics and involve them in community pandemic response planning through the Heath Care Coalition. PHSKC will incorporate existing groups, such as the Outbreak Response Work Group and the Region 6 Hospital Emergency Preparedness Committee, into pandemic planning efforts through the Health Care Coalition. Hospitals and health care organizations will develop pandemic influenza response plans addressing at a minimum medical surge capacity, triage, infection control, communication and staffing issues. PHSKC will provide technical assistance to health system partners regarding development of a Medical Reserve Corps and other strategies to expand staffing resources. Preparedness Section will facilitate development of protocols for reprioritizing PHSKC functions during a pandemic and mobilizing staff to support maintenance of critical public health and medical needs. PHSKC will provide regular briefings to Health Care Coalition members regarding the status of a novel virus and its potential for causing a pandemic.	
	PHSKC will coordinate with the Region 6 Hospital Emergency Preparedness Committee to ensure systems are in place to track the following items during a pandemic outbreak:	→ The Health Care Coalition will, through coordination between PHSKC, hospitals, the large medical group practices and the community health centers, identify specific facilities in different geographic areas within King County to serve as "flu clinics".
	→ Number of available Intensive Care Unit and medical beds (adults and pediatrics)	→ PHSKC will work through the Health Care Coalition to establish and promote a 24-hour telephone consulting

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 - 5 - 6
	Number of available emergency department beds (monitored and non-monitored)	nurse service to provide information and advice to ill persons regarding illness and accessing health care.
	→ Number of patients and / or waiting times in emergency departments	The Health Care Coalition will develop standardized criteria for
	→ Number of patients waiting for inpatient beds (in emergency departments and clinics)	implementing the following strategies countywide, and will recommend implementation of any or all of these strategies to the Local Health Officer when pandemic conditions warrant:
	→ Number of hospitals on emergency department divert status	→ Canceling elective admissions and elective surgeries
	→ Hospital and Medical Examiner morgue capacity	→ Requiring all hospitals in the county to receive and treat any patient whose condition warrants hospitalization,
	→ Shortages of medical supplies or equipment	regardless of medical insurance coverage.
	→ Staff absenteeism at hospitals, clinics and morgues	→ Implementing protocols to expand internal hospital bed capacity.
		→ Activating alternate care facilities to conduct triage of flu patients or to provide expanded bed capacity.
		→ Implementing early discharge protocols for patients not requiring inpatient care.
		→ Implementing protocols for enhanced infection control in all medical facilities.
		→ Monitoring and reporting of hospital-acquired influenza infections.
		Health Care Coalition members will identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by PHSKC.
		Through a Public Health Order, the Local Health Officer may establish protocols for use of antiviral medications and influenza vaccine.
		PHSKC will coordinate with and support the Health Care Coalition in acquiring additional medical supplies and equipment in support of medical facilities.
		Requests for State and Federal resource support, including

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
		resources from the Strategic National Stockpile, will be managed by PHSKC through local Emergency Operations Centers.
Public Health Services	 → Participate in business continuity planning to identify mission critical systems and functions that must remain operational during a pandemic. → Identify PHSKC services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment. → Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions. The Community Health Services Division Director and Medical Director will identify sites and functions within the Department's clinical services that will remain operational during a pandemic and specify the minimum level of resources needed to remain operational. 	The Local Health Officer will determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision will be coordinated with similar actions taken by other clinical facilities in the health care system. Critical functions activated within PHSKC may include: → Utilizing some or all Public Health clinics as "flu clinics" to triage, evaluate and / or treat influenza patients not requiring hospital care. → Establishing and supporting a public call center that provides information and medical advice over the telephone, including information on how to access the health care system. → Distributing vaccine to health care system facilities and activating mass vaccination clinics to vaccinate priority groups.
Mass Fatalities Management	The King County Medical Examiner's Office (KCMEO) will coordinate mass fatality planning efforts with hospitals and funeral homes through the Health Care Coalition.	The KCMEO may activate the Public Health Mass Fatalities Plan. Activation of the plan will be coordinated with hospitals and funeral homes throughout the county. Based on the numbers of actual or anticipated fatalities during a pandemic, the KCMEO may implement emergency protocols regarding: → Identification and documentation of victims → Activation and management of temporary temperature controlled holding facilities → Release of remains to family members

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 - 5 - 6
		 → Temporary internment of mass fatalities → Cremation and burial of mass fatalities
Maintenance of Essential Services	Preparedness Section will work with all divisions and sections in PHSKC to develop plans for maintaining essential departmental services during a pandemic. Preparedness Section and Community Based Public Health Practice Section will educate government agencies, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.	PHSKC will update its essential services plans and will request that its community partners update their plans. The Local Health Officer will determine the appropriate time to implement the Department's continuity of operations plans and protocols and will advise community partners to implement their plans as needed.
Mitigation	Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan. Training and equipping PHSKC staff to assure competencies and capacities needed to respond to a pandemic outbreak. Developing strategic partnerships and facilitating capacity building with local hospitals, non-hospital-based health care providers and agencies, other health care system stakeholders, and local, state and federal response agencies and their staff. Educating response partners, the media and public about the consequences of influenza pandemics and recommended preparedness measures. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in King County. Stockpiling necessary medications and equipment that will be needed to respond to an influenza pandemic	

Function	Interpandemic and Early Alert Period Phases 1 – 2 - 3	Late Alert and Pandemic Period Phases 4 – 5 - 6
Recovery	Post-Phase 6 → Interpandemic Phase 1	
	Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response system capacity exist to manage ongoing activities without continued assistance from pandemic response systems.	
	In consultation with the Health Care Coalition and local elected leaders, the Local Health Officer will recommend specific actions to be taken to return the health care system and government functions to preevent status.	
	PHSKC will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.	
	PHSKC staff will support partners in King County government and the health care and business communities in assessing the economic impact of the pandemic.	
	Preparedness Section will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.	